

**ALABAMA STATE BOARD OF RESPIRATORY THERAPY
ADMINISTRATIVE CODE**

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CHAPTER 798-X-1

Purpose

798-X-1 Purpose

As stated in § 34-27B, the law for the regulation of the profession of respiratory therapy and the establishment of the Alabama State Board of Respiratory Therapy (ASBRT), the purpose of this law and the ASBRT is to provide for the competency examination and licensing of persons administering respiratory therapy and provide for waivers for examinations and licensing; create and provide for the membership, terms, meetings, powers, duties, and responsibilities of the Alabama State Board of Respiratory Therapy; require mandatory continuing education for continued renewal of licensure; provide for fees and create a separate fund; provide for causes and procedure for disciplinary action; prohibit certain acts, including false representation of licensure; make an appropriation from the fund to the Board; establish penalties for violations.

The practice of respiratory therapy in Alabama affects the public health, safety, and welfare of the citizens of Alabama. It, therefore, should be subject to regulation and control, in the public interest to protect the citizenry against the unauthorized, unqualified, and improper administration of respiratory therapy and from unprofessional or unethical conduct by persons licensed to practice respiratory therapy.

Author: The Alabama State Board of Respiratory Therapy

Statutory Authority: Code of Alabama, 1975, § 34-27B-1 thru § 34-27B-17.

Effective Date: June 20, 2005

CHAPTER 798-X-2

Definitions

798-X-2 Definitions

- (1) Board - The Alabama State Board of Respiratory Therapy
- (2) Direct Clinical Supervision - Where a licensed respiratory therapist or physician is available for the purpose of communication, consultation, and assistance
- (3) Healthcare Facility - as defined in Section 22-21-260, Code of Alabama 1975
- (4) Medically Approved Protocol - A detailed plan for taking specific diagnostic or treatment actions, or both, authorized by the treating physician of the patient, all of which

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actions shall be:

(a) In a hospital or other inpatient health care facility, approved by the supervising physician of the respiratory therapist or in an outpatient treatment setting approved by the supervising physician of the respiratory therapist.

(b) Except in cases of medical emergency, instituted following an evaluation of the patient by the physician or otherwise directed by the supervising physician of the respiratory therapist.

(c) Consistent with the definition of the scope of practice of respiratory therapy, as established by this act.

(5) Physician - A person who is a doctor of medicine or osteopathy licensed to practice.

(6) Respiratory Therapist - a person licensed by the Board to administer respiratory therapy and who has the knowledge and skills necessary to administer respiratory therapy, monitor patient responses, modify respiratory therapy based upon patient response, provide information and education to patients about deficiencies or disorders of the cardiopulmonary system, and supervise others in the delivery of appropriate respiratory therapy procedures.

(7) Respiratory Therapy or Care - therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities of the cardiopulmonary system and associated aspects of other systems' functions, given by a health care professional under the direction of a physician. The term includes, but is not limited to, the activities listed in the scope of practice conducted upon written prescription, verbal order, or medically approved protocol.

(8) Biannual - every two years

(9) Applicant - any individual seeking licensure by the Board who has submitted an official application and paid the application fee.

(10) AARC - American Association for Respiratory Care

(11) ASRC - Alabama Society for Respiratory Care

(12) Polysomnographic Technologist - An individual who has a professional credential conferred by the Board of Registered Polysomnographic Technologists or its successor organization.

(13) ASBRT - The Alabama State Board of Respiratory Therapy

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(14) CAAHEP - the Commission on Accreditation of Allied Health Education Programs

(15) Regular meeting - any meeting scheduled for the transaction of business

(16) Public records - Board records which are reasonably necessary to record the business and activities required to be done or carried out by the Board so that the status and conditions of such business and activities can be known by the public. Records which do not constitute public records include, but are not limited to, those received by a public officer in confidence, sensitive personnel and licensee records, complaints against licensees, items covered under the Privacy Act, and records the disclosure of which would be detrimental to the best interests of the public.

(17) CRCE units - Continuing respiratory care education units

(18) NBRC – National Board for Respiratory Care, Inc.

(19) CoARC – Committee on Accreditation for Respiratory Care

Author: The Alabama State Board of Respiratory Therapy

Statutory Authority: Code of Alabama, 1975, § 34-27B-1 thru § 34-27B-17.

Effective Date: June 20, 2005

**CHAPTER 798-X-3
Organization and Administration**

798-X-3 Organization and Administration

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798-X-3-.01 Selection and Composition of the Board

(1) The Alabama State Board of Respiratory Therapy shall be composed of five members appointed by the Governor. Three of the members shall be respiratory therapists, one member shall be the chief executive officer of a hospital, and one member shall be a physician.

(2) The respiratory therapist members of the Board appointed by the governor shall be selected from a list of names submitted by the Alabama Society for Respiratory Care. The list shall include two names for each appointed position to be filled. The respiratory therapist members appointed to the Board shall be registered or certified by the National Board for Respiratory Care or its successor organization. Respiratory therapists appointed to the initial Board must be eligible to obtain a license under this act. Respiratory therapists selected for subsequent appointments must be licensed by the state.

(3) The hospital member shall be selected from a list of two names submitted by the Alabama Hospital Association.

(4) The physician member appointed shall be duly licensed to practice medicine in Alabama and shall be a member of at least one of the following: The American Thoracic Society, the American College of Chest Physicians, the American Society of Anesthesiologists, or the American Academy of Pediatrics. The physician member of the Board appointed by the Governor shall be selected from a list of names submitted by the Medical Association of the State of Alabama. Such lists shall include two names for the position.

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(5) All Board members shall be residents of Alabama and the composition of the Board shall reflect the racial, gender, geographic, urban/rural, and economic diversity of the state.

(6) The Governor shall make the appointments for all positions for members of the Board within 90 days of the date the position becomes available, including initial appointments, vacancies, and replacements at the end of the term of service.

(7) Members of the Board shall have the same immunities from personal liability as state employees for actions taken in the performance of their official duties.

798-X-3-.02 Terms of Office

(1) The term of office of those members first appointed shall be as follows: Two respiratory therapists and the hospital member, as determined by the Governor, shall serve for terms of two years, and one respiratory therapist and the physician members shall serve for terms of four years. Thereafter, the term of all members shall be four years.

(2) No member shall be appointed for more than three consecutive full terms.

(3) A vacancy in an unexpired term shall be filled in the manner of the original appointment.

798-X-3-.03 Officers of the Board

(1) The Board shall elect a chair and vice chair annually. This election shall take place at the first meeting of a new fiscal year (October 1 or thereafter).

(2) The vice chair shall fill any vacancy in the office of the chair.

(3) The chair may appoint a member to be secretary. The chair's appointment is subject to Board approval.

(4) The duties of the officers shall be as follows:

(a) The chair shall preside at meetings of the Board, appoint members to serve on committees as may be created, serve as ex-officio member of all committees, and determine the rules of order of Board meetings.

(b) The vice chair shall preside in the absence of the president and shall assume the duties of the chair when necessary.

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(c) The secretary shall be responsible for the minutes of the meetings and shall assume other duties at the discretion of the chair.

798-X-3-.04 Duties of the Board

(1) The Board shall be responsible for:

(a) Developing the Board meeting agenda.

(b) Facilitating evaluation of the Executive Director.

(c) Assuring Board representation at legislative hearings, meetings, sunset reviews and requested public presentations.

(d) Participation in orientation of newly appointed Board members.

(2) The Board shall perform the following functions:

(a) Set respiratory therapy licensure fees, including, but not limited to, application, initial, renewal, and reinstatement fees.

(b) Establish and publish minimum standards of continuing education of respiratory therapy in accordance with those standards developed and accepted by the profession.

(c) Examine for, approve, deny, suspend, and renew licensure of duly qualified applicants.

(d) Promulgate and publish rules in accordance with the Administrative Procedure Act to administer Chapter 27B.

(e) Conduct hearings on charges calling for the denial, suspension, revocation, or refusal to renew a license.

(f) Maintain an up-to-date list of every person licensed to practice respiratory therapy pursuant to Chapter 27B. The list shall include the last known place of residence and the state license number of the licensee.

(g) Maintain an up-to-date list of persons whose license have been suspended, revoked, or denied. The list shall include the name, Social Security number, type, date, and cause of action, penalty incurred, and the length of the penalty. The information on the list, except for Social Security numbers, shall be available for public inspection during reasonable business hours and the information may be shared with others as deemed

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necessary and acceptable by the Board.

798-X-3-.05 Meetings of the Board

- (1) A minimum of two regular meetings shall be held each year. The annual meeting shall be the first meeting of the fiscal year.
- (2) A majority of the members of the Board shall constitute a quorum for the transaction of business.
- (3) The chair shall, in accordance with these rules, rule upon all questions of procedure and, in the event that evidence is taken, on the admissibility of that evidence. The decision of the chair shall be final.
- (4) All members of the Board, including the chair, are entitled to vote and to make or second motions. A majority of those members on the Board present and voting on any matter shall decide that matter before the Board, except on procedural and evidentiary matters which are provided for in 798-X-3-.05 (3).
- (5) Special meetings may be called by the chair or by a quorum of the Board.
- (6) Notice of a meeting must be given to all Board members at least seven days in advance of the meeting, unless all Board members agree to waive the seven day notice.
- (7) Requests to present information to the Board during a Board meeting must be in writing to the Executive Director at least fourteen days prior to the meeting. Exceptions may be made in extraordinary circumstances at the direction of the Chair. All requests are subject to review and approval by the Chair. The usual time limitation for presentations will be five minutes with exceptions made by permission of the Chair. Written requests should include:
 - (a) Contact information of the designated spokesperson.
 - (b) Summary of information to be presented.
- (8) The secretary or designee shall keep a record of all regular meetings. The minutes shall be transcribed and presented for approval or amendment at the next regular meeting. The minutes or a true copy thereof, approved by the Board, shall be open to public inspection. The minutes shall reflect:
 - (a) The time and place of each regular meeting of the Board.
 - (b) Names of the Board members present.

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- (c) Names of guests present.
- (d) Date meeting notices were sent to the newspapers
- (e) All official acts of the Board.
- (f) The vote of the Board except when the votes are unanimous.
- (g) When requested by a dissenting Board member, specific reasons shall be recorded.
- (h) A roll call vote may be taken upon the request of a Board member.
- (9) All regular meetings of the Board shall be open and public except as provided by statute.

798-X-3-.06 Employment of Personnel

The Board may employ an executive director, investigators, inspectors, attorneys and any other agents and employees and assistants as may from time-to-time be necessary to establish and maintain administration and enforcement of the Respiratory Therapy Practice Act and rules and regulations established by the Board.

798-X-3-.07 Use of Forms

Applications must be made on the prescribed forms approved by the Board. Copies of instructions and forms are available from the office of the Board.

798-X-3-.08 Records and Information

- (1) The Board and records of the Board shall be in compliance with the Alabama Sunshine Law.
- (2) Specific public records are available for inspection at the office of the Board during regular business hours.
- (3) Any person wishing to obtain copies of specific public records may request such records from the office of the Board and will be supplied copies upon payment of the cost of copying, handling and postage, which costs will be established by the Board.

798-X-3-.09 Rules and Regulations

All rules and regulations of the Board shall be adopted, amended or repealed in

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accordance with the Alabama Administrative Procedure Act, Code of Alabama, § 41-22-1 et seq.

798-X-3-.10 Petition for Adoption, Amendment or Repeal of a Rule

(1) Any interested person may petition the Board requesting the adoption of a new rule or the amendment or repeal of an existing rule. The petition shall be in writing and shall include:

- (a) The name and address of the petitioner.
 - (b) An exact statement of the proposed additional rule or amendment or identification of the rule to be repealed.
 - (c) The pertinent facts, data, opinions or arguments in support of the petitioner's position.
- (2) Upon submission of a petition, the Board shall initiate rule-making proceedings or deny the petition in writing on the merits, stating its reasons for the denial; following its next regularly scheduled meeting.
- (3) A petition requesting adoption, amendment, or repeal of a rule shall not be considered by the Board if the subject of the petition is the same or similar to the subject presented in another petition considered by the Board within the previous twelve months.

798-X-3-.11 Declaratory Rulings

Any person substantially affected by a rule may petition the Board for a declaratory ruling with respect to the validity of a rule or the applicability to any person, property or state of facts of any rule or statute enforceable by it or with respect to the meaning and scope of any order of the Board.

- (1) The petition shall be in writing and shall include:
- (a) The name and address of the petitioner.
 - (b) A statement of facts sufficient to show that the person seeking relief is substantially affected by the rule.
 - (c) The rule, statute or order and the reasons for the questions.
- (2) Failure of the Board to issue a declaratory ruling by its next regularly scheduled meeting following receipt of request shall constitute a denial of the request.

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(3) Circumstances in which rulings shall not be issued include but are not necessarily limited to:

- (a) Lack of jurisdiction.
- (b) Lack of clarity of the issue presented.
- (c) No clear answer determinable.

798-X-3-.12 Public Inspection of Rules

- (1) All rules and other written statements of policy or interpretations formulated, adopted or used by the Board in the discharge of its functions shall be made available for public inspection and copying.
- (2) All final orders, decisions and opinions of the Board shall be available for public inspection and copying except those expressly made confidential or privileged by statute or order of the court.

798-X-3-.13 Public Records and Rosters

- (1) The minutes of the Board, except those portions authorized by law to be kept confidential, and the name and address of licensees shall be open to public inspection.
- (2) Persons who wish to either examine or duplicate a public record(s) may do so in accordance with the following:
 - (a) The examination or duplication of a public record(s) shall be in the office of the Board and under the supervision of the Executive Director or an authorized designee.
 - (b) A fee shall be assessed for the cost of duplication.
- (3) A roster of names and addresses of licensees will be available. A fee shall be assessed for the cost of duplication. Any request of the public roster of licensees shall:
 - (a) Be submitted in writing to the office of the Board
 - (b) Provide verification that the materials to be disseminated shall not be published in a manner which could be construed by the public to mean that the Board supports, endorses, or approves the materials.
 - (c) Requests for such a roster must be for reasons approved by the Board.

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798-X-3-.14 Board Member Compensation

- (1) Each member of the Board shall serve without compensation, but shall be reimbursed for travel expenses incurred in attendance at meetings of the Board and any other business of the Board at its discretion. Mileage rates shall be the same as established for state employees.
- (2) Board members shall also receive a per diem allowance following the guidelines for state employees.
- (3) The reimbursement for expenses shall be paid from funds derived from the Alabama State Board of Respiratory Therapy Fund.

798-X-3-.15 Board of Respiratory Therapy Fund

- (1) A special trust fund is established in the State Treasury known as the Alabama State Board of Respiratory Therapy Fund. All funds received by the Board shall be deposited into the fund and shall be expended only to implement and administer this act. No monies shall be withdrawn or expended from this fund for any purpose unless the monies have been appropriated by the Legislature and allocated pursuant to § 34-27B. Any monies appropriated shall be budgeted and allocated pursuant to the Budget Management Act in accordance with Article 4, (commencing with Section 41-4-80) of Chapter 4 of Title 41, and only in the amounts provided by the Legislature in the general appropriations act or other appropriations act. Funds shall be disbursed only upon a warrant of the State Comptroller upon itemized vouchers approved by the chair.
- (2) After the first three full fiscal years from the effective date of this act, if a surplus of funds exists which is greater than one year's operating expense, the funds shall be distributed to the general fund.

Author: The Alabama State Board of Respiratory Therapy

Statutory Authority: Code of Alabama, 1975, § 34-27B-1 thru § 34-27B-17.

Effective Date: June 20, 2005

**CHAPTER 798-X-4
Scope of Practice**

798-X-4 Scope of Practice

The Scope of Practice for a licensed respiratory therapist is defined in the Respiratory Therapy Practice Law 2004-518. And includes, but is not limited to, the following

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activities conducted upon written prescription, verbal order, or medically approved protocol:

- (1) Direct and indirect pulmonary care services that are safe, aseptic, preventive, or restorative to the patient.
- (2) Direct and indirect respiratory therapy services, including, but not limited to, the administration of pharmacologic, diagnostic, and therapeutic agents related to respiratory therapy procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician.
- (3) Observation and monitoring of signs and symptoms, general behavior, and general physical response to respiratory therapy treatment and diagnostic testing and determination of whether such signs, symptoms, reactions, behavior, or general responses exhibit abnormal characteristics and implementation, based on observed abnormalities, of appropriate reporting or referral practices or prescribed and medically approved respiratory therapy protocols or appropriate changes in a treatment regimen, pursuant to a prescription by a physician, or the initiation of emergency procedures.
- (4) The diagnostic and therapeutic use of any of the following, in accordance with the prescription of a physician:
 - (a) Administration of medical gases, exclusive of general anesthesia.
 - (b) Aerosols.
 - (c) Humidification.
 - (d) Environmental control systems and hyperbaric therapy.
 - (e) Pharmacologic agents related to respiratory therapy procedures.
 - (f) Mechanical or physiological ventilatory support.
 - (g) Bronchopulmonary hygiene.
 - (h) Cardiopulmonary resuscitation
 - (i) Maintenance of natural airways.
 - (j) Insertion without cutting tissues and maintenance of artificial airways.
 - (k) Diagnostic and testing techniques required for implementation of respiratory therapy

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protocols.

- (l) Invasive or noninvasive collections of specimens of blood and other body fluids including specimens from the respiratory tract.
- (m) Collections of inspired and expired gas samples.
- (n) Analysis of blood, and gases, and respiratory secretions.
- (o) Measurements of ventilatory volumes, pressures, and flows.
- (p) Pulmonary function testing.
- (q) Hemodynamic and other related physiologic measurements of the cardiopulmonary system.
- (r) Respiratory telecommunications.
- (s) Cardiopulmonary disease management
- (t) Tobacco cessation
- (5) The transcription and implementation of the written and verbal orders of a physician pertaining to the practice of respiratory therapy.
- (6) Institution of known and medically approved protocols relating to respiratory therapy in emergency situations in the absence of immediate direction by a physician and institution of specific procedures and diagnostic testing related to respiratory therapy as ordered by a physician to assist in diagnosis, monitoring, treatment and medical research.
- (7) Delivery of respiratory therapy procedures, instruction, and education of patients in the proper methods of self-care and prevention of cardiopulmonary diseases and other conditions requiring the use of respiratory therapy equipment or techniques.

Author: The Alabama State Board of Respiratory Therapy

Statutory Authority: Code of Alabama, 1975. § 34-27B-1 thru § 34-27B-17.

Effective Date: June 20, 2005

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CHAPTER 798-X-5
Licensure**

798-X-5 Licensure

- 798-X-5-.01 Qualifications of Applicants for Licensure at Implementation**
- 798-X-5-.02 Qualifications of Applicants for Licensure after Implementation**
- 798-X-5-.03 Application Process for Licensure by Examination**
- 798-X-5-.04 Graduates of Foreign Schools**
- 798-X-5-.05 Licensure by Reciprocity**
- 798-X-5-.06 Temporary Licenses**
- 798-X-5-.07 Renewal of License**
- 798-X-5-.08 Special Renewal Provisions for Actively Deployed Respiratory Therapists**
- 798-X-5-.09 Reinstatement of Lapsed License**
- 798-X-5-.10 Change of Name or Address**
- 798-X-5-.11 Lost License**
- 798-X-5-.12 Verification of Alabama License**
- 798-X-5-.13 Student Exemption from License**
- 798-X-5-.14 Fees**
- 798-X-5-.15 Annual Report of Employing Agencies**

798-X-5-.01 Qualifications of Applicants for Licensure at Implementation

(1) The applicant for licensure at the time of the implementation of this law shall be at least 18 years old, be a high school graduate or have the equivalent of a high school diploma, and meet one of the following requirements:

(a) Hold credentials as a registered respiratory therapist (RRT) or a certified respiratory

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therapist (CRT), as granted by the NBRC or its successor organization.

(b) Hold a temporary license and/or has passed the examination leading to the CRT or RRT credential within one year of application.

(c) Have a valid respiratory therapist license from another state, the District of Columbia, or a territory of the United States, whose requirements are considered by the Board as substantially similar to those of Alabama and who otherwise meets reciprocity requirements established by the Board.

(d) Was employed in the administration of respiratory therapy under the direction of a physician on the effective date of the adoption of the rules and regulations of the Board. The opportunity to apply for a respiratory therapy license issued under this rule shall expire 365 days after the implementation of the rules and regulations of the Board. Holders of these licenses shall be eligible to renew their licenses as are any other license respiratory therapists.

(2) The applicant must submit a completed application form and pay all required fees.

(3) Any licenses issued under the rules of implementation will be dated to begin at the initial date of the implementation period and will be subject to renewal biannually.

798-X-5-.02 Qualifications of Applicants for Licensure after Implementation

(1) The applicant for licensure shall be at least 18 years old, be a high school graduate or have the equivalent of a high school diploma, and meet one of the following requirements:

(a) Hold credentials as a registered respiratory therapist (RRT) or a certified respiratory therapist (CRT), as granted by NBRC or its successor organization and show proof of 24 hours of continuing education credits over the previous two years meeting the requirements set forth by the Board.

(b) Hold a temporary license and/or have passed the examination within one year of application leading to the CRT or RRT credential.

(c) Have a valid respiratory therapist license from another state, the District of Columbia, or a territory of the United States, whose requirements are considered by the Board as substantially similar to those of Alabama and who otherwise meets reciprocity requirements established by the Board.

(d) Was employed in the administration of respiratory therapy under the direction of a physician on the effective date of adoption of the rules and regulations and who applied

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and was granted licensure within 365 days after initial implementation of the rules and regulations. Holders of these licenses shall be eligible to renew their licenses as are any other licensed respiratory therapists.

- (2) The applicant must submit a completed application form and pay all required fees.
- (3) Licenses issued after the implementation period shall be dated to begin at the date the license is issued, but set to expire at the next established renewal date.

798-X-5-.03 Application Process for Licensure by Examination

- (1) The applicant shall submit to the Board a completed application and the required fee(s).
- (2) An official school transcript shall be submitted to the Board and shall indicate the date of completion of the program and/or date degree/certificate was conferred.
- (3) The Board shall determine the applicant's eligibility to take the licensing examination. The applicant for licensure by examination must show proof of special training that is equal to, or superior to, standards established for respiratory therapy educational programs in Alabama.
- (4) Correct any educational deficiencies by taking additional courses, as directed by the Board.
- (5) Fees for licensure by examination will include all fees established for application for an initial license, plus a \$100 examination fee, plus the cost of the examination imposed by the NBRC or other examination agency selected for the administration of the licensure examination.
- (6) Licenses which are issued by examination shall be dated to begin at the date the license is issued, but set to expire at the next established renewal date.

798-X-5-.04 Graduates of Foreign Schools

The applicant educated in a foreign country shall:

- (1) Be required to pass the same licensure examination as applicants in Alabama.
- (2) Be a graduate of an education program approved by the proper authorities in the country where the program is located.
- (3) Meet the requirements for respiratory therapist program content employed as criteria

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for approval in Alabama at the time of the applicant's graduation.

- (4) Correct any educational deficiencies by taking additional courses, as directed by the Board.
- (5) If duly licensed in a foreign country, provide official verification, translated into English, from the authorities in that country.
- (6) Submit a completed application and required fee(s).

798-X-5-.05 Licensure by Reciprocity

The applicant shall:

- (1) Be duly licensed as a respiratory therapist under the laws of another state or territory and meet reciprocity requirements set by the Board.
- (2) Provide for official verification of a current license from another state or territory.
- (3) Submit a completed application and required fees.

798-X-5-.06 Temporary Licenses

(1) Recent graduates of a respiratory therapy education program accredited by CoARC under CAAHEP or successor organizations may be issued a temporary license to practice until such time as they achieve the CRT or RRT credential. The temporary license for a recent respiratory therapist graduate is valid for six months. The respiratory therapist graduate must have completed an application and paid all necessary fees. Application for a temporary license must be made within 30 days of graduation, except for extenuating circumstances which must be approved by the Board.

(2) The temporary license shall be renewable only once for an additional six-month period if the applicant fails the examination. Exceptions may be made at the discretion of the Board based upon an appeal identifying extenuating circumstances.

(3) The temporary license allows the applicant to practice as a respiratory therapist, subject to the following stipulations:

- (a) The respiratory therapist with a temporary license must function under direct clinical supervision of a currently licensed respiratory therapist or physician.
- (b) The respiratory therapist with a temporary license shall not assume nor be assigned charge or supervisory responsibilities.

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- (4) A temporary license shall expire:
 - (a) On the date specified on the temporary license.
 - (b) Once a permanent license is issued.
 - (c) If the applicant is denied licensure.
- (5) The applicant for licensure shall:
 - (a) Provide every employer the temporary license for visual inspection.
 - (b) Provide to an employer validation of a current license upon receipt of the official license card.
 - (c) Inform the employer of denial of licensure. The Board shall issue notice of denial of licensure. Receipt of notice is presumed within five calendar days of mailing.

798-X-5-.07 Renewal of License

- (1) License Periods:
 - (a) The respiratory therapist license shall normally be valid for two years.
 - (b) The initial license period may be abbreviated in order to have the expiration at the established renewal date.
- (2) Continuing Education Earning Period: Two-year period of time during which at least 24 contact hours shall be accrued. This period is the time period of the current license. In the cases of an abbreviated license period, the applicant for renewal must validate one (1) contact hour for each month of the current license.
- (3) The renewal of license must be accomplished prior to expiration of the current license. Renewal forms must reach the office of the Board at least 30 days in advance of expiration date in order to have the license for renewal issued prior to the expiration of the current license.
- (4) Failure to renew prior to the expiration date of the current license will result in an additional late fee. Respiratory therapists will not be permitted to work as respiratory therapists if their license has expired.
- (5) Renewal notices may be mailed or transmitted electronically. Notice shall be sent to

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the applicant's address of record between 60 and 90 days prior to the renewal date.

(6) To be eligible for renewal, the applicant shall:

(a) Hold a valid, active Alabama license.

(b) Submit a completed and signed renewal application and required fee(s).

(c) Meet continuing education requirements.

(7) A current license is required to practice respiratory therapy.

(8) The applicant is responsible to supply current mailing address records to the Board.

(9) Failure to receive the renewal application or notice shall not relieve the licensee of the responsibility of renewing the license by the expiration date.

(10) Any license not renewed by the expiration date shall lapse. Any individual who practices with a lapsed license shall be subject to penalties established under Part 6.

798-X-5-.08 Special Renewal Provisions for Actively Deployed Respiratory Therapists

(1) If a respiratory therapist's license lapses while serving in the military, whenever the United States is engaged in active military operations, the license may be reinstated or renewed without penalty or payment of the reinstatement or late renewal fee(s) under the following conditions:

(a) The license was active at the time of deployment.

(b) The application for reinstatement or renewal is made while still in the armed services or no later than six months after discharge from active service or return to inactive military status.

(c) A copy of the military activation orders or other proof of active military service accompanies the application.

(d) The renewal fee is paid.

(e) If the required continuing education contact hours were not earned for renewal during the earning period, the respiratory therapist shall be required to complete the required continuing education hours needed for renewal no later than six months after discharge from active service, return to inactive military status, or return to the United States from

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an active war zone.

(2) The continuing education contact hours used for renewal under this provision may not be used for the next license renewal.

(3) A respiratory therapist returning from active deployment shall accrue for renewal one (1) contact hour for each calendar month remaining in the period. The licensing period may be less than two years, in order to have the expiration date fall on the established date of renewal.

798-X-5-.09 Reinstatement of Lapsed License

A lapsed license may be reinstated upon submission of a completed application and compliance with the following:

(1) Payment of current renewal and reinstatement fees and any applicable fine(s).

(2) Evidence of completion of twenty-four (24) contact hours of approved continuing education within the twenty-four months preceding application. A maximum of twelve (12) contact hours earned through independent study may be used for reinstatement of a lapsed license.

(a) Contact hours earned for reinstatement of a lapsed license may not be used toward the continuing education requirement for the next license renewal.

(b) A respiratory therapist whose license is reinstated shall accrue for license renewal one (1) contact hour for each calendar month remaining in the period. The licensing period may be less than two years, in order to have the expiration date fall on the established date of renewal.

798-X-5-.10 Change of Name or Address

(1) The applicant or licensee shall notify the Board of any requested name change. Appropriate legal documents and fees shall be submitted prior to changing the name of the licensee on the license card.

(2) The licensee shall notify the Board office of any change in the licensee's address. The address of record is the address provided by the applicant or licensee.

798-X-5-.11 Lost License

The licensee shall promptly report, in writing, the loss of a license card to the Board. A duplicate license card requires a completed form and appropriate fee(s).

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798-X-5-.12 Verification of Alabama License

Upon receipt of a written request and payment of the required fee, the Board's designee shall provide written verification of Alabama license.

798-X-5-.13 Student Exemption from License

(1) As per § 34-27B, respiratory therapy students may perform limited respiratory therapy procedures as an employee of any health care provider organization while enrolled in a respiratory therapy program accredited by CoARC under CAAHEP or successor organization. The employee shall be designated by title as a student or trainee and shall work under direct clinical supervision

(2) Student status shall be limited to four years.

(3) Any student employees must be listed on information provided by the employer and by directors of accredited respiratory therapy educational programs.

798-X-5-.14 Fees

(1) Fees and fines are not refundable.

(2) Fees are payable by certified check, cashier's check, corporate or business check, money order or personal check.

(a) Counter checks are not an acceptable method of payment. Personal checks shall be imprinted with the name, address, and account number of the applicant or licensee.

(b) Personal checks by third parties are not acceptable.

(c) License verification fee(s) are not payable by personal check.

(d) Applicants or licensees who submit personal checks returned due to insufficient funds may be prohibited from paying any future fees or fines by personal check.

(e) Statutory charges for returned checks shall be paid by the applicant or licensee.

(3) Fines are payable by certified check, cashier's check, corporate or business check, or money order.

(4) The Board may allow payment of fees and fines by electronic means.

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- (5) Payment, regardless of the method, that is not honored by the financial institution may result in disciplinary action and/or reporting to the appropriate legal authorities for possible prosecution.
- (6) A license may not be issued until funds are received by the Board.
- (7) The Board shall set fees and charges annually. At each September meeting of the Board, the previous schedule of fees and charges shall be automatically readopted unless the Board proposes a revised schedule.
- (8) The current schedule of fees and charges are included in the appendix.

798-X-5.15 Annual Report of Employing Agencies

On or before a date to be decided by the Board, the employing agencies shall submit an annual report that includes all persons employed as licensed respiratory therapists according to guidelines provided by the Board.

Author: The Alabama State Board of Respiratory Therapy

Statutory Authority: Code of Alabama, 1975. § 34-27B-1 thru § 34-27B-17.

Effective Date: June 20, 2005

**CHAPTER 798-X-6
Standards of Respiratory Therapy Practice**

798-X-6 Standards of Respiratory Therapy Practice

798-X-6-.01 Standards of Practice

798-X-6-.02 Conduct and Accountability

798-X-6-.03 Practice of Respiratory Therapy

798-X-6-.01 Standards of Practice

The Board may adopt standards of respiratory therapy practice and continuing competency.

798-X-6-.02 Conduct and Accountability.

The licensed respiratory therapist shall:

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- (1) Have knowledge and understanding of the laws and rules regulating respiratory therapy.
- (2) Function within the legal scope of respiratory therapy practice.
- (3) Be responsible and accountable for the quality of respiratory therapy delivered to patients based on and limited to scope of education, demonstrated competence, and experience.
- (4) Be responsible and accountable for the quality of respiratory therapy delivered to patients by respiratory therapy personnel under the individual respiratory therapist's supervision.
- (5) Obtain instruction and supervision as necessary when implementing new or unfamiliar respiratory therapy techniques or practices.
- (6) Accept individual responsibility and accountability for judgments, actions and respiratory therapy competency.
- (7) Collaborate with other members of the health care team.
- (8) Practice without discrimination on the basis of age, race, religion, gender, national origin, sexual orientation, patient diagnosis or disability.
- (9) Respect the dignity and rights of patients and their significant others including, but not limited to:
 - (a) Privacy;
 - (b) Protection of confidential information, unless disclosure is required by law;
 - (c) Freedom from exploitation of physical, mental, sexual, or financial boundaries; and
 - (d) Protection of real and personal property.
- (10) Accept individual responsibility and accountability for timely reporting of illegal, substandard, unethical, unsafe, or incompetent respiratory therapy practice directly to the Alabama State Board of Respiratory Therapy.

798-X-6.03 Practice of Respiratory Therapy

- (1) The practice of respiratory therapy is described in Section 798-X-4.

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(2) Any person who is issued a license as a respiratory therapist pursuant to § 34-27B may use the words “licensed respiratory therapist” or the letters “LRT” in conjunction with his or her name to denote his or her license.

Author: The Alabama State Board of Respiratory Therapy

Statutory Authority: Code of Alabama, 1975, § 34-27B-1 thru § 34-27B-17.

Effective Date: June 20, 2005

**CHAPTER 798-X-7
Disciplinary Action**

798-X-7 Disciplinary Action

798-X-7-.01 Definitions

798-X-7-.02 Grounds for Denial of a License

798-X-7-.03 Grounds for Discipline of a License or Denial of Renewal or Reinstatement

798-X-7-.04 Investigation

798-X-7-.05 Board Action Following Investigation

798-X-7-.06 Administrative Procedure Act

798-X-7-.07 Formal Disposition of Contested Cases

798-X-7-.08 Informal Disposition of Contested Cases

798-X-7-.09 Decisions of the Board

798-X-7-.10 Application Following Denial of Licensure

798-X-7-.11 Reinstatement of a Revoked License

798-X-7-.01 Definitions.

(1) Reprimand: A formal censure by the Board.

(2) Fine: A monetary penalty imposed by the Board.

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- (3) Probation: The monitored practice of respiratory therapy which permits the respiratory therapist to continue to practice respiratory therapy pursuant to specified conditions as set forth by the Board.
- (4) Suspension: The temporary withdrawal of the license by Board action.
- (5) Revocation: The withdrawal of the license by Board action.
- (6) Voluntary Surrender: The voluntary relinquishment of a license that has the force and effect of revocation.
- (7) Abandonment: Acceptance of a patient assignment, thus establishing a respiratory therapist-patient relationship, and then ending the respiratory therapist -patient relationship without giving reasonable notice to supervisory personnel so that others can make arrangements for continuation of respiratory care.

798-X-7-.02 Grounds for Denial of a License.

The following may be grounds for denial of a license:

- (1) Failure to meet any requirement or standard established by law or by rules and regulations adopted by the Board.
- (2) Engaging in fraud, misrepresentation, deception, or concealment of a material fact in applying for or securing licensure or taking any examination required for licensure.
- (3) A course of conduct that would be grounds for discipline under Section 798-X-7-.03.
- (4) Having disciplinary action pending or having a license denied, conditionally issued, reprimanded, placed on probation, suspended, revoked, or voluntarily surrendered in another state, territory or country.
- (5) Having been court-martialed or administratively discharged by a branch of the United States Armed Forces for any act or conduct that would constitute grounds for discipline in this state under Section 798-X-7-.03.
- (6) Failure to produce evidence of good moral character.
 - (a) The decision as to whether the applicant is of good moral character is within the discretion of the Board.
 - .
 - (b) Failure to show good moral character includes but is not limited to a criminal history

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or pattern of illegal conduct or disregard for the law.

(7) Any other reasons authorized by law.

798-X-7-.03 Grounds for Discipline of a Licensee or Denial of Renewal or Reinstatement.

The Board may reprimand, fine, probate, suspend, revoke or otherwise discipline any respiratory therapist upon proof that the person:

- (1) Is guilty of fraud or deceit in procuring or attempting to procure a license by:
 - (a) Filing false, forged or altered documents or credentials, including required continuing education documentation.
 - (b) Misrepresenting or falsifying facts in applying for original licensure, renewal, reactivation, or reinstatement of license.
 - (c) Having another person appear for a licensing or certification examination.
- (2) Has been convicted of a felony offense.
- (3) Has been convicted of, or has entered a plea of guilt, regardless of court disposition, to a charged criminal act involving moral turpitude or of gross immorality that would tend to bring reproach upon the respiratory therapy profession. Such criminal acts include, but are not limited to, offenses involving drugs, theft, lewdness, sexual misconduct, abuse, violence, fraud, or any other conduct deemed detrimental to the public's health, safety or welfare.
- (4) Is impaired due to the use of alcohol, or is addicted to the use of habit-forming drugs to such an extent as to render the respiratory therapist unsafe or unreliable which includes but is not limited to:
 - (a) Testing positive for alcohol and/or unauthorized drugs.
 - (b) Misappropriation or diversion of drugs from the workplace.
 - (c) A pattern of abuse or misuse of habit forming and/or mood-altering drugs or alcohol.
 - (d) Impairment while on duty due to the use of drugs or alcohol.
 - (e) Refusal to submit to drug screen for cause.

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- (f) The use of alcohol or habit forming or mood altering drugs to the extent that medical or psychiatric treatment, rehabilitation, or counseling is medically determined or otherwise recommended by a legally authorized practitioner.
- (5) Has been convicted of any violation of a federal or state law relating to controlled substances, including misdemeanor and felony offenses.
- (6) Is guilty of unprofessional conduct of a character likely to deceive, defraud, or injure the public in matters pertaining to health, which includes but is not limited to:
- (a) Failure to comply with the Alabama Respiratory Therapy Act and rules and regulations as well as federal, state or local laws, rules or regulations applicable to the area of respiratory therapy practice.
- (b) Failure to practice respiratory therapy in accordance with the standards of practice adopted by the Board.
- (c) Practice beyond the scope of practice as determined by, but not limited to educational preparation; license status; advanced practice approval; collaborative practice agreements; state and federal statutes and regulations; state and national standards appropriate to the type of practice; respiratory therapy experience; standardized procedures; knowledge, skills and ability to manage risks and potential complications; and required instruction and supervision.
- (d) Failure to assess and evaluate a patient's status.
- (e) Failure to institute respiratory therapy interventions that might be required to stabilize a patient's condition or to prevent complications.
- (f) Failure to:
- (i) Use appropriate respiratory therapy judgment;
- (ii) Administer medications and treatments in a responsible manner; or
- (iii) Demonstrate competence in administering or carrying out patient care.
- (g) Failure to make entries, destroying or altering entries, charting before assessment or delivery of care, or making false entries in patient, employer, or employee records.
- (h) Failure to timely, accurately, legibly, and completely report and document on appropriate records a patient's status, including signs and symptoms, responses, treatments, medications, other respiratory care rendered, communication of pertinent

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information to other health team members, and unusual occurrences involving the patient.

- (i) Assigning patient care in a manner that fails to take into consideration patient safety.
- (j) Assigning respiratory therapy functions to others who lack the educational preparation, license, credentials, competence, experience, knowledge, or physical, mental or emotional ability to perform the assigned functions.
- (k) Failure to provide adequate supervision, management, or training of individuals to whom respiratory therapy functions or responsibilities are delegated or assigned.
- (l) Gross negligence in the practice of respiratory therapy.
- (m) Abandoning or neglecting patients. A certified copy of the record of a state or federal agency that substantiated neglect of a patient shall be conclusive evidence of patient neglect.
- (n) Failure to safeguard the patient's dignity, right to privacy, and confidential health information unless disclosure is required by law.
- (o) Intentionally or negligently causing or permitting physical, sexual, emotional, or verbal abuse of a patient, willfully harassing or intimidating a patient. A certified copy of the record of a state or federal agency that substantiated patient abuse shall be conclusive evidence of abuse, harassment, or intimidation of a patient.
- (p) Violating professional boundaries of the respiratory therapist-patient relationship which includes but is not limited to:
 - (i) Sexual or intimate conduct with a patient, patient's immediate family member(s) or significant other(s); or
 - (ii) Emotional or financial exploitation of the patient or the patient's immediate family member(s) or significant other(s).
- (q) Exhibiting unethical or unprofessional conduct or behavior in the workplace.
- (r) Engaging in fraud, deceit or misrepresentation in seeking employment, practicing, or seeking to practice that includes but is not limited to:
 - (i) Alteration of a temporary permit, identification card or license,
 - (ii) Falsification of credentials,

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(iii) Falsification of employment records, and

(iv) Representing oneself as a respiratory therapist without a license. Representation as a respiratory therapist includes using in connection with a person's practice the words "respiratory care professional," "respiratory therapist," "respiratory care practitioner," "certified respiratory care practitioner," "licensed respiratory therapist," "inhalation therapist," or "respiratory therapy technician," or use the letters "R.C.P." or "L.R.T." or use any other words, letters, abbreviations, or insignia implying that the person is a respiratory therapist.

(s) Commission of fraudulent acts in advertising, insurance, or in billing for services, which includes, but is not limited to:

(i) Medicare or other federal government programs,

(ii) Medicaid or other state government programs, and

(iii) Commercial insurance or health plan.

(t) Aiding, abetting, or assisting an individual to violate or circumvent any law or rule intended to guide the conduct of a respiratory therapist or any other licensed health care provider.

(u) Failure to ensure verification of current Alabama licensure and credentials of respiratory therapy personnel for whom the respiratory therapist is administratively responsible.

(v) Personal use of unauthorized or illegal drugs or substances or obtaining, furnishing or administering drugs or controlled substances to any person, except as directed by a legally authorized prescriber.

(w) Appropriating anything of value, use or benefit, including but not limited to:

(i) Any real or personal property of the patient, employer, or any other person or entity;
or

(ii) Failing to take precautions to prevent such misappropriation.

(x) Practicing while the mental or physical ability to practice is impaired by any mood-altering drugs or substances or by a physical, mental, or emotional disorder that renders the respiratory therapist unable to perform with reasonable skill and safety.

(y) Failure to report illegal, substandard, unethical, unsafe or incompetent respiratory

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therapy practices.

(z) Having a license denied, conditionally issued, reprimanded, placed on probation, suspended, revoked, or voluntarily surrendered in another state, territory or country, or having been court-martialed or administratively discharged by a branch of the United States Armed Forces for any act or conduct which would constitute grounds for disciplinary action in this state. A certified copy of the record of the agency that took such action shall be conclusive evidence of the grounds for discipline.

(7) Has failed to respond to official Board correspondence, including but not limited to requests for information, subpoenas, or notices.

(8) Has willfully or repeatedly violated any of the provisions of a statute or rule that includes but is not limited to:

(a) Practicing or seeking to practice respiratory therapy without a current license.

(b) Impersonating an applicant for licensure or another licensed practitioner or permitting or allowing another person to use the respiratory therapy license.

(c) Continued violation of statute or rule after notice by the Board.

(d) Failure to comply with any stipulated terms and conditions of any Board order or contract.

(9) Failed to comply with continuing education requirements.

(10) Submitted payment of any fees or fines to the Board with a worthless check, invalid credit card, or by any other method that is not honored by the financial institution.

(11) Poses a risk to public safety for any other reasons stated by law.

(12) Violates the code of ethics adopted and published by the AARC or its successor organization.

798-X-7-.04 Investigation.

(1) Upon self-disclosure or receipt of a written complaint alleging that a respiratory therapist has violated a statute or rule by committing one or more of the actions specified as grounds for disciplinary action, the Executive Director shall provide for an investigation to determine if there is sufficient evidence to warrant disciplinary proceedings.

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(2) When an investigation discloses that disciplinary action is not warranted for the protection of the public health, safety and welfare, the investigative file shall be closed, provided that the matter may be reinvestigated at any time if circumstances so warrant.

798-X-7-.05 Board Action Following Investigation.

The Board or its authorized designee shall have the power to act on the report of the investigation as follows:

- (1) Dismiss complaint.
- (2) Commence disciplinary proceedings.
- (3) Accept voluntary surrender of a license.

798-X-7-.06 Administrative Procedure Act.

The Board hereby adopts by reference as its rules § 12 through 21 of Chapter 22, Title 41, Code of Alabama, 1975, as amended, governing contested cases, appeals, and related proceedings unless precluded by inconsistency with §34-27B or Section 798-X-7.

798-X-7-.07 Formal Disposition of Contested Cases.

- (1) At least thirty days prior to the administrative hearing, a notice of hearing and a copy of the charges shall be served on the applicant or respiratory therapist personally or by registered or certified mail to the last known address shown on the records of the Board.
- (2) The Board's complaint may be amended prior to the hearing but no amendment shall be permitted which is not germane to the charge or charges or which materially alters the nature of any offense charged. The Board shall have the right to determine the sufficiency of the complaint.
- (3) A motion for withdrawal of the complaint may be filed with the Board's designee. The circumstances surrounding the attempt to withdraw the complaint may be explained by the person who is attempting to withdraw the complaint and the explanation shall be considered. No complaint that is well-founded will be dismissed solely upon the motion of the original complainant.
- (4) Pleadings relating to disciplinary proceedings pending before the Board shall be filed with the Board's designee. Pleadings shall be deemed filed upon actual receipt.
- (5) Requests for subpoenas shall be filed with the Board at least ten days prior to the

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hearing along with the appropriate subpoena-processing fee. Any expense for service by a sheriff, process server or other entity shall be the responsibility of the party requesting the subpoena. Any expenses incurred relative to subpoenas requested by a respondent, either for witnesses or related to production of documents are the responsibility of the party who requested the issuance of said subpoena.

(6) The hearing shall be conducted by the Board or by a hearing officer appointed by the Board. All testimony shall be under oath and shall be transcribed by a court reporter scheduled by the Board. Telephonic or other real-time electronic testimony is admissible at the discretion of the hearing officer.

(7) A continuance may be granted by the Board or its designee upon the filing of a written motion and affidavit detailing the reasons for the continuance. No motion for continuance shall be granted unless filed at least five days prior to the hearing. This provision may be waived upon showing of an emergency.

798-X-7-.08 Informal Disposition of Contested Cases.

(1) Complaints or controversies may be considered and resolved by the Board or Board designee through alternative dispute resolution, informal conferences, meetings, or other informal means. Such informal measures shall be held without prejudice to the right of the Board thereafter to institute formal proceedings based upon the same or related material if circumstances so warrant.

(2) Informal dispositions may be made of any contested case by stipulation, agreed settlement, consent order or default or by another method agreed upon by the parties in writing and as approved by the Board.

798-X-7-.09 Decisions of the Board.

(1) Based upon the evidence presented at the administrative hearing or pursuant to informal disposition the Board action may be one or more of the following:

(a) Dismiss the complaint.

(b) Reprimand the respondent.

(c) Probate the respondent's license.

(d) Suspend the respondent's license. A suspended license is subject to expiration during the suspension period.

(e) Revoke the respondent's license.

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- (f) Deny approval of the application.
- (g) Deny renewal or reinstatement of a license.
- (h) Impose other sanctions or restrictions.
- (2) The Board may levy a fine not to exceed \$500.00 per violation. Each day of a violation after notice may be considered as a separate violation.
- (3) The decisions of the Board shall be in writing in the form of an order, a copy of which shall be mailed or delivered to the respondent or the respondent's attorney.
- (4) The decisions of the Board shall be subject to public dissemination.
- (5) Appeals from decisions of the Board are to the Circuit Court of Montgomery County, Montgomery, Alabama and are to be perfected in accordance with the Administrative Procedure Act.

798-X-7-10 Application Following Denial of Licensure.

- (1) Application for a license following denial of licensure shall:
 - (a) Include evidence of rehabilitation, or elimination or resolution of the conditions for denial.
 - (b) Be made according to Section 798-X-5.
- (2) Board action on applications following denial of licensure may be resolved either informally or through the formal hearing process.
- (3) In considering a subsequent application for licensure, the Board may evaluate factors that include but are not limited to:
 - (a) The severity of the act(s) or omission(s) which resulted in the denial of license.
 - (b) The conduct of the applicant subsequent to the denial of license.
 - (c) The lapse of time since denial of license.
 - (d) Compliance with any conditions stipulated by the Board as a prerequisite for a subsequent application.

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(e) Rehabilitation attained by the applicant as evidenced by statements provided directly to the Board from qualified individuals who have professional knowledge of the applicant.

(f) Whether the applicant is in violation of any applicable statute or rule.

798-X-7-.11 Reinstatement of a Revoked License.

(1) Application for reinstatement:

(a) May be made twelve months after the effective date of revocation unless otherwise specified in Order or Agreement.

(b) Shall be made according to forms and guidelines provided by the Board.

(2) Applications for reinstatement of a revoked license may be resolved informally or through the formal hearing process.

(3) In considering reinstatement of a revoked license, the Board may evaluate factors that include but are not limited to:

(a) Severity of the act(s) that resulted in revocation of the license.

(b) Conduct of the applicant subsequent to the revocation of license.

(c) Lapse of time since revocation.

(d) Compliance with all reinstatement requirements stipulated by the Board.

(e) Rehabilitation attained by the applicant as evidenced by statements provided directly to the Board from qualified individuals who have professional knowledge of the applicant.

(f) Whether the applicant is in violation of any applicable statute or rule.

Author: The Alabama State Board of Respiratory Therapy

Statutory Authority: Code of Alabama, 1975, § 34-27B-1 thru § 34-27B-17.

Effective Date: June 20, 2005

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**CHAPTER 798-X-8
Continuing Education for Licensure**

798-X-8 Continuing Education for Licensure

798-X-8-.01 Continuing Education

798-X-8-.02 Standards for Continuing Education

798-X-8-.03 Standards for Providers

798-X-8-.04 Reporting Requirements and Audit

798-X-8-.01 Continuing Education

- (1) A respiratory therapist shall be individually accountable for continued competence to practice respiratory therapy.
- (2) The Board may prescribe a continuing education program for reentry into practice.
- (3) Individual requests to verify approval for a specific course or activity may be submitted to a Board-approved provider.
- (4) Units of measure for continuing education shall be:
 - (a) 1 contact hour = 50 minutes
 - (b) 0.5 contact hour = 25 minutes
 - (c) 4 contact hours = 1 academic semester credit hour
 - (d) 2.5 contact hours = 1 academic quarter credit hour
- (5) Hours required.
 - (a) Each respiratory therapist licensed by the Board must complete twenty-four (24) contact hours of continuing education over the two-year licensure period. Initial license periods which have been prorated to have the renewal date fall on the established renewal date will be prorated for 1 contact hour for each month of the initial license periods. Any course accepted for credit must be at least 25 minutes in length.

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(b) For new graduates of respiratory therapy programs, submitting proof of successful completion of a respiratory therapy program accredited by CoARC shall be proof of sufficient preparatory education to receive an initial license up to one year following graduation.

(6) Waiver or extension of continuing education

(a) The Board may grant a waiver of the need to attend and complete the required hours of continuing education or the Board may grant an extension of the deadline to complete the required hours of continuing education if it can be shown that compliance was beyond the control of the person seeking the waiver.

(b) Waivers or extension of the deadline will be considered only on an individual basis and may be requested by submitting the following items to the Board office:

(i) A written request for a waiver or deadline extension which specifies which requirements are sought to be waived or which deadline is sought to be extended and a written and signed explanation of the reason for the request; and

(ii) Any documentation which supports the reason(s) for the waiver or deadline extension requested or which is subsequently requested by the Board.

(c) A waiver or deadline extension approved by the Board is effective only for the renewal period for which the waiver is sought.

798-X-8-.02 Standards for Continuing Education

(1) Any educational program approved for CRCE units by the AARC shall be acceptable with one contact hour assigned for each CRCE unit awarded.

(2) The Board or the ASRC or another organization recognized by the Board may approve providers of continuing education based on criteria established in Section 798-X-8-.03.

(3) The AARC or ASRC continuing education activities, which pertain to the practice of respiratory care, shall be considered prior approved, providing they meet all other requirements for contact hours.

(4) The following additional methods may be utilized for obtaining continuing education hours:

(a) By taking and passing (with a grade of C or better) a college or university course

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which focuses on the clinical practice of respiratory therapy and/or education, management, or research relating to the cardiopulmonary system. Credit for contact hours will be equal to four (4) times the semester hours or two and one-half (2.5) times the quarter hours for which the course is accredited by the college or university.

(b) By taking and passing training courses (either initial, renewal, or instructor courses) on advanced cardiac life support (ACLS), pediatric advanced life support (PALS), or neonatal resuscitation programs (NRP). No more than half (usually 12 contact hours) of continuing education units of advanced life support training may be applied for renewal of license.

(c) By completing a self study course, such as a course offered on the internet, which has been approved by the AARC or the Board for a specific number of continuing education hours. No more than one half (usually 12 contact hours) of continuing education units of self study may be applied for renewal of license.

(5) Continuing education credit will not be allowed for the following:

(a) Regular work activities, administrative staff meetings, case staffing/ reporting, or similar activities.

(b) Membership in, holding office in, or participating on Boards or committees, business meetings of professional organizations, or banquet speeches.

(c) Independent unstructured or self-structured learning such as home study programs, except as authorized pursuant to Section 798-X-8-.02 (4) (c).

(d) Training specifically related to policies and procedures of an agency, such as universal precautions, infection control, emergency or disaster preparedness, employee orientation, employee relations.

(e) College or university courses except as authorized pursuant to Section 798-X-8-.02 (4) (a).

(f) Basic CPR courses.

798-X-8-.03 Standards for Providers

(1) Hospitals, other health care facilities, or professional organizations may be granted provider status by the Board or Board designee. Provider status may be active for a maximum of five years and may be renewed upon expiration. Failure to provide quality respiratory therapy educational programs as specified by the Board or described in these rules and regulations may be a basis for withdrawal of provider status at any time.

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- (2) The Board approved provider is accountable for:
 - (a) Demonstrating capability to meet and adhere to Board established standards to assure the provision of quality continuing education activities for respiratory therapists, and
 - (b) The veracity and accuracy of continuing education provided, and
 - (c) Compliance with the standards set forth in this chapter.
- (3) Approved providers shall submit records of contact hours awarded to respiratory therapists to the Board in a format and method specified by the Board or Board designee.
- (4) The provider shall have a designated education coordinator or program director who must be either a licensed respiratory therapist or a licensed physician.
- (5) The provider shall have accessible and available educational facilities, human resources, instructional aids, and equipment for the planners, instructor(s) and learners consistent with the educational content, format, teaching methodology, and behavioral objectives of each course.
- (6) The instructor(s) shall possess qualifications appropriate to the content of the activity.
- (7) To obtain initial Board approval as a continuing education provider, the prospective provider shall submit a completed application provided by the Board or Board designee.
 - (a) Upon approval the Board or Board designee shall assign a permanent, nontransferable provider number.
 - (b) The provider number shall be used to identify all communications, course announcements, records, and reports.
 - (c) Initial approval shall be valid for a maximum of five years, provided standards for approval are met and maintained.
- (8) Continued approval of a provider requires:
 - (a) An application for continued approval as a provider which shall be submitted in accordance with a schedule established by the Board or Board designee.
 - (b) The continued approval of the provider shall extend for a maximum of five years, provided standards for approval are maintained.

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(9) A provider number shall be retired:

- (a) Upon request of an authorized entity, or
- (b) Upon failure of an authorized entity to request continued approval, or
- (c) When the Board or Board designee denies or withdraws approval, or
- (d) When there is a change in owner.

(10) A previously approved provider who has requested retirement of a provider number, or has had a number retired for any reason, may request reinstatement of the provider number. Reinstatement may be denied for failure of the applicant to satisfactorily demonstrate capability of meeting continuing education standards and criteria for providers.

(11) The Board or Board designee may deny or withdraw approval of any provider of continuing education activity.

798-X-8-.04 Reporting Requirements and Audit

(1) A respiratory therapist shall:

(a) Provide a signed statement of affirmation, under penalty, of the degree of compliance with continuing education requirements for license renewal including but not limited to compliance with:

(i) Earning the required number of contact hours of Board-approved or Board-recognized continuing education activities, and

(ii) The designated earning period, and

(iii) Content and acceptable activities, and

(iv) Any other requirements in these rules.

(b) Maintain individual continuing education records for two years following the renewal date for which the contact hours were earned including but not limited to certificates, transcripts, or other documentation of attendance at continuing education activities to substantiate earned contact hours.

(c) Submit documented evidence of meeting continuing education requirements within

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thirty days of the date a written request is mailed first class to the address of record of the respiratory therapist.

(2) A respiratory therapist who fails to comply with reporting requirements, requirements of the audit, requests for documents, or submitting false, inaccurate, or incomplete evidence of meeting continuing education requirements shall be subject to disciplinary action by the Board.

(3) A respiratory therapist who fails to provide evidence meeting continuing education requirements for license renewal may not have the license renewed.

(4) Providers:

(a) A provider's compliance may be evaluated by participant evaluations, provider evaluation, random on-site visits, or an audit of the provider's reports and records by the Board or its designee.

(b) Audits of providers may be conducted upon written complaint by any individual for failure of a provider to meet criteria for approval. The provider shall submit requested documents within 30 days of the date a written request is mailed. Failure to comply may result in sanctions by the Board

(c) A self-evaluation report of compliance with standards shall be submitted to the Board according to Board guidelines as part of the application for continued approval.

Author: The Alabama State Board of Respiratory Therapy

Statutory Authority: Code of Alabama, 1975, § 34-27B-1 thru § 34-27B-17.

Effective Date: June 20, 2005

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**Appendices I
Fee Schedule**

Application Fee	\$25.00
License Fee	\$75.00
Temporary License Application Fee	\$25.00
Temporary License Fee	\$25.00
Renewal Fee	\$75.00
Late Renewal Fee	\$50.00
Replacement License Fee	\$25.00
License Verification Fee	\$25.00
Reinstatement Fee	\$150.00
Request of Application Package	\$10.00
Examination Fee	\$100.00

Author: The Alabama State Board of Respiratory Therapy

Statutory Authority: Code of Alabama, 1975, § 34-27B-1 thru § 34-27B-17.

Effective Date: June 20, 2005

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**APPENDICES II
Forms List**

Application
Verification of Employment
NBRC Credentials Verification Form
Verification of Respiratory Care Education
Verification of Employment in the Practice of Respiratory Therapy
Verification of License from another State
Complaint Form
CEU Reporting Form
Renewal Application
Application for Change of Information or Replacement License
Student Verification Form – Employer
Student Verification Form – Program Director
Request for Application Form

Author: The Alabama State Board of Respiratory Therapy

Statutory Authority: Code of Alabama, 1975, § 34-27B-1 thru § 34-27B-17.

Effective Date: June 20, 2005